

BIRTH NO.		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 4410		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James		c. LENGTH OF STAY (in this place) 1 week		c. CITY OR TOWN Rolla		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Federal Soldiers Home				e. STREET ADDRESS (If rural, give location) 1507 Martin Street 0812			
3. NAME OF DECEASED (Type or Print) MAUDE		a. (First) b. (Middle) MATILDA c. (Last) WALLACE		4. DATE OF DEATH (Month) (Day) (Year) April 19, 1953			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH March 4, 1880	
9. AGE (In years last birthday) 73		10. UNDER 1 YEAR Months Days		11. BIRTHPLACE (City and State or Foreign Country) Canada 2		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Canada 2			
13a. FATHER'S NAME John Nelson		13b. MOTHER'S MAIDEN NAME Mary Teeple		14. NAME OF HUSBAND OR WIFE William			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. George Milner			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pharynx ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis 19a. DATE OF OPERATION Recent 19b. MAJOR FINDINGS OF OPERATION Carcinoma (mammery) 170X 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Int		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY: none m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 5 1/2 years, 19__, that I last saw the deceased alive on 19__, and that death occurred at 7:30 P. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. E. Brewer M.D.				23b. ADDRESS Rolla, Mo. Ramsey		23c. DATE SIGNED 4/20/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE April 21, 1953		24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. 4-20-53		REGISTRAR'S SIGNATURE Ruth B. Powell 439		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul E. Hull Rolla, Mo.			

Date Filed 4-25-33
County & the Number

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No..... working under my personal supervision..

Student
Signature of Student Embalmer

Signed Paul E. N.

Licensed Embalmer No. 449

P. O. Address Rolla,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.